DOCUMENT RESUME

ED 258 388 EC 172 907

AUTHOR Zeitlin, Shirley; Rosenblatt, William P.
TITLE Family Stress: A Coping Model for Intervention.
PUB DATE Apr 85
NOTE 20p.; Paper presented at the Annual Convention of the Council for Exceptional Children (63rd, Anaheim, CA, April 15-19, 1985).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Coping; *Disabilities; *Family Relationship; Infants; *Intervention; Models; *Stress Variables; Young Children

ABSTRACT

A support program was developed at the John F. Kennedy Medical Center in Edison, New Jersey for families of handicapped children (from birth to the age of 3) who are involved in an early intervention program. A cognitive-behavioral model (the Coping with Stress Model) was designed to help families assess coping effectiveness. The process, which emphasizes parents' capability to determine their own needs, includes parental completion of seven self-rating instruments in an informational needs survey of stressors and coping resources. Summary findings are written and shared with families in terms of strengths and weaknesses in beliefs and values, coping behavior patterns, material resources, and stressors. A family service plan is jointly developed which identifies specific goals and activities for each family member in three areas: (1) acquiring information/education; (2) receiving support/guidance; and (3) participation in therapeutic counseling. Among project activities for family-based intervention are parent support groups, evening programs for fathers, special workshops, and respite care. Data summaries and plans for two families are presented to illustrate the approach. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Pediatric Rehabilitation Department / John F. Kennedy Medical Center / 2050 Oak Tree Road / Edison, New Jersey 08820 / (201) 548-7610

COPING

Children's Optimal Progress in Neurodevelopmental Growth

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
[ ] Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Shirley Zeitlin
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

ED258388

FAMILY STRESS - A COPING MODEL FOR INTERVENTION

Shirley Zeitlin, Ed.D.
William P. Rosenblatt, M. Ed.

For most families having a child with a handicap creates additional life stress (Bechman-Bell, 1981; Hagen, 1981). Family members are presented with a unique set of challenges, pressures, problems, and demands to which each must adapt. How families cope with this stress influences family functioning, satisfaction, feelings of efficacy, and also the child's life outcomes (Olsen & McCubbin, 1983). Some families cope effectively and adaptively. They often feel helpless, unable to manage, and experience less personal satisfaction and more child-related problems (Murphy, 1982).

Families and family members differ in their coping behaviors, styles, effectiveness, and available resources. Programs that serve handicapped children need to recognize and respond to this diversity in how families cope since the life outcomes of the handicapped child appears to be linked to these behaviors.

There is extensive research pertaining to how people cope with stress. Some of the findings have been translated into practical applications. Most efforts are directed toward specific stress reduction rather than toward increasing or enhancing coping effectiveness. To help families of handicapped children cope with maximal effectiveness, there is a need to meld research and clinical practice into an integrated approach that recognizes individual differences and facilitates intervention aimed at supporting and enhancing adaptive coping efforts.

This paper describes a support program for families of handicapped children birth to three years of age who are involved in an early intervention program. A cognitive-behavioral "Coping with Stress Model" is used as the framework for helping families assess their coping effectiveness and identify unmet needs that generate stress. The model also provides the basis for intervention planning and programming.

Definitions

There is confusion within the literature concerning the definitions and uses of the terms stress and coping. To provide a common language for communication, these terms are defined in the Coping with Stress Model as follows:

Stress is tension which is perceived as being harmful, threatening or challenging to one's well being. That tension may be experienced mentally, emotionally, and/or physically although it is usually experienced as some combination of all three.

Coping is defined as using previously learned or newly acquired strategies to manage one's world.

Cognitive-Behavioral Coping with Stress Model

The Coping with Stress Model is based on the work of cognitive psychologists who have identified and described the key role of mental processes in moderating behavioral outcomes (Lazarus & Folkman, 1984). The model describes the mental processes which label events, give meaning to emotional/physical responses, guide decision making, and evaluate the outcomes of coping efforts.

The model is transactional in that behavior is viewed as resulting from ongoing interactions between people and their environment, each acting on the other. The most effective coping outcomes are generated when there is a balance between how much stress a person has to cope with and the resources available to manage the situation (Pearlin, 1978; Lazarus, 1968). This "goodness of fit" results when the properties of the environment and its expectations and demands are in accord with the organism's own capacities, motivations, resources, and styles of behaving (Thomas & Chess, 1977, 1980).

Coping with stress is a four-step process. At each step questions are raised and answers considered. No step is independent since all are interrelated. Initially one asks: What is the meaning of this tension-generating event? How does it effect my well-being?

Tension-generating events are filtered and processed through an individual's system of beliefs and values. This system, developed through experience and over time, gives meaning to and interprets potential stressors. Beliefs are defined as what one thinks is true, whereas values reflect what one wants or prefers. Together they provide a structure for the individual's perception of the world.

Tension-generating events may be expressed as being threatening, harmful, or challenging. Threatening events are those perceived as potentially damaging to one's well-being. Resources are perceived to be inadequate and the event is seen as in conflict with one's system of beliefs and values. In contrast, harmful events are those situations which have already occurred in which the damage to one's well-being is already felt or experienced. Challenging events, on the other hand, are perceived as being generative in nature requiring mastery and creativity. One perceives the existence of adequate resources to manage the event which is seen as consonant with one's beliefs and values.

Tension is generated by a diversity of events. The most problematic tension generators are: (1) critical life events (e.g., divorce, illness, birth of a child), (2) pile up of the hassles of daily living, (3) conflicts (i.e., two incompatible events or goals), and (4) feelings such as disappointment, anticipation, uncertainty, and inadequacy. Tension-generating events are filtered and processed through an individual's beliefs and values, and a perception of stress results.

The next step in the coping process is decision making. One asks "What can I do? What will managing this stressor cost in terms of time and effort? What do I expect will be the outcome?". Possibilities, alternatives and resources are analyzed, decisions made, and plans formulated.

There are five personal resources (three internal and two external) which are considered to be most critical to this analysis and most related to effective coping. The three internal resources are: (1) beliefs and values, (2) physical and psychological status (i.e., physical, mental, and emotional health and attributes), and (3) coping behavior patterns. Coping behavior patterns are developed from past experience, general levels of personal competence, temperament, the demands of the environment as well as specific areas of personal vulnerability.

The two external resources considered in the analysis, and most critical to effective coping, are social support and material resources. Social support systems provide direction, give information, and provide comfort. Material resources, such as money, provide security and the ability to purchase goods and services. During the decision-making phase one may make a reappraisal of the event (modifying the original perception of stress) or one may decide upon a plan of action (determine a specific coping effort).

The third step in the process is the coping effort. Coping efforts are situation-specific strategies used to reduce or manage stressors and stress. These efforts generate outcomes ranging from effective to ineffective. They may be mental, physical or emotional, or some combination of all three.

The fourth and final step in the coping process is evaluation of the coping effort. "Has the effort been effective in eliminating or reducing the tension, or has it been ineffective and created additional problems or tensions?" Effective coping leads to satisfactory outcomes. That success reinforces one's sense of competence and colors future coping efforts. Ineffective coping also influences future coping efforts. It may, however, result in additional stress which too must be managed.

An important value of the Coping with Stress Model (Figure 1) is that it can be used for three distinct purposes. The model is educational; it is used to help people understand the process and provides a vehicle for examining their coping efforts. It is used to assess an individual or family's coping style, strengths, vulnerabilities, and stressors. The model is also used for family intervention planning. Intervention to enhance individual or family coping can proceed from any step in the process. The model forms the basis for providing services to families in the COPING Project, an early intervention demonstration program at the John F. Kennedy Medical Center in Edison, New Jersey funded by the Handicapped Children's Early Education Program of the U. S. Department of Education.

Assessment and Services for Families

A guiding principle of COPING is that parents are capable of determining their own needs, and professionals should function in a collaborative, supportive role. Families are helped most when they are able to increase their coping resources and reduce the amount of stress they are experiencing. The Coping with Stress Model appears to be a useful structure for facilitating this process. In addition to using the model for service delivery, data are being collected by the Project to test, revise, and validate the model.

The assessment procedure consists of gathering data about key components of the model. Parents provide information about their coping resources and vulnerabilities, stressors, and perceived needs. These data form the basis for a personalized Family Service Plan that identifies specific goals and intervention activities aimed at enhancing adaptive coping. Effective individual and family coping seems crucial to improving coping behavior of the handicapped child.

Data Collection: Family members participating in COPING complete seven self-rating instruments and an informational needs survey which assess their stressors and the five personal resources most critical to adaptive coping. In addition, family members participate in a structured interview with a staff psychologist or social worker. Table I lists the seven instruments and describes the areas that they measure.

Data collection procedures vary. The instruments are filled out by each parent independently at the center or home. They are given two or three instruments at a time over a period of 4 to 6 weeks. The total battery requires approximately 1 to 2 hours to complete. The interview by the social worker or psychologist is conducted in the home with the couple or single parent and whoever else they wish to attend (e.g., grandparents). Currently plans are being developed to assess and involve siblings and extended family members in a more formal manner.

Family Planning Process: The instruments are scored and analyzed by the professional staff. A summary report is written that identifies strengths and vulnerabilities for each parent and the family as a whole. Separate results are given for areas of: beliefs and values, coping behavior patterns, physical and psychological attributes, support systems, material resources, and stressors.

The summary findings are reviewed with each family. Results are shared in a way that facilitates communication and understanding. It is emphasized that the information presented is a compilation and integration of the parents' reporting and not an interpretation by the professional. In some cases data are reviewed point by point, whereas in other cases a more global presentation is made. It is the experience of the project staff that the parents are generally receptive and agree with the description of their coping status.

As a result of the discussion, a Family Service Plan is jointly developed by the parents and professional. The family plan identifies specific goals and activities which each family member would like to pursue. Goals for family members are related to three categories of intervention: acquiring information/education, receiving support/guidance, and involvement in therapeutic counseling. A unique feature of this approach is that family members participating in the same activity may address quite different goals. Frequently parental goals are related to the goals of the child in the early intervention program.

For example, if the child has a goal to increase self-initiated behavior, a goal for the parent may be to increase knowledge of the child's developmental and coping capabilities.

Family-Based Intervention: Various activities are designed to address the three broad categories of intervention. The specific family goals are used to assist those responsible for each activity to individualize the experience to be most helpful to the participants. The following activities are currently offered in the COPING Project: weekly parent support groups, evening programs for fathers, special workshops (Child Development and Early Intervention; Coping with Transition; Coping with Stress), lectures on behavior management, sibling group programs, short-term, problem-focused counseling, couples groups, individual psychotherapy, respite care, crisis intervention, referral to community resources, consultation with appropriate agencies, and a parent resource library.

On the following pages are data summaries and plans for the Smith and Jones families. Names and details have been changed to protect confidentiality.

Pediatric Rehabilitation Department / John F. Kennedy Medical Center / 2050 Oak Tree Road / Edison, New Jersey 08820 / (201) 548-7610

COPING
Children's Optimal Progress in Neurodevelopmental Growth

SUMMARY REPORT: SMITH FAMILY

This report is a summary of findings from the completed self-rated assessments, the informational needs survey, and the family interview. The information is used as a basis for discussion to establish goals and activities for the Family Service Plan.

Beliefs and Values

The Smiths report a shared belief that they do not have all the resources necessary to cope effectively with their present situation. Their differing views and beliefs on a variety of issues form the basis for family disagreement and conflict. They differ in their view of how desirable it is to be in their family. They identify difficulties related to communication, collaborative decision making, mutual assistance, and the sharing of feelings. The Smiths report that they are not entirely in control of family events due to these vulnerabilities. Therefore they described a limited sense of optimism.

Mrs. Smith feels the presence of Joe (the handicapped child) has had a negative impact on the family. She is somewhat fatalistic in her outlook and often feels helpless.

Mr. Smith chose not to complete some of the instruments pertaining to his beliefs and those aspects of his life which are stressful.

Coping Behavior Patterns

The Smiths' existing coping strategies are effective in certain situations. However, they have a limited repertoire of strategies that they use. Consequently difficult situations are most stressful and result in general unhappiness.

Mrs. Smith views her strengths as being responsive to change, able to understand and follow direction, and curious. However she also describes herself as passive, readily frustrated, and easily fatigued due to a low level of energy. She reports that she is not extremely stimulating to others and has limited confidence in her ability to solve problems.

Mr. Smith sees himself as quite able to accept support and warmth from others. He did, however, express problems in communicating his feelings. He reports it difficult to respond to the control of others. Data suggests that his strategies are situationally ineffective for shifting plans and roles when dealing with issues related to control.

Physical and Psychological Attributes

The parents appear to be in good physical health but both report somatic and stress-related complaints.

Mrs. Smith is managing four children, a house, and a busy daily schedule with little or no disruption. She does report a high degree of depression, anxiety, and numerous stress-related, somatic problems. Mr. Smith states that he has a negative self-image.

Support Systems

The Smiths report the existence of some social and family supports. They differ, however, in their assessment of the extent and value of the support systems. Mrs. Smith indicates that extended family members could be more understanding and helpful to her.

Material Resources

The Smiths differ in their assessment of their financial resources and well-being. Mr. Smith reports that he views their material resources as quite adequate to meet family needs. His wife does not share this view.

Stress

Despite the stressors and reported differing views, the family is accomplishing its daily tasks. They express that family conflict is primarily related to problems in communication and decision making. They also report some difficulty in parenting and managing their children's behavior. Joe's handicap, treatment, and progress are a stated cause for stress as is the uncertainty of his future. A feeling of being out of control is identified as a pervasive cause of stress which exists across situations.

Pediatric Rehabilitation Department / John F. Kennedy Medical Center / 2050 Oak Tree Road / Edison, New Jersey 08820 / (201) 548-7610

COPING
Children's Optimal Progress in Neurodevelopmental Growth

SHARING OF ASSESSMENT FINDINGS AND DEVELOPMENT OF A FAMILY SERVICE PLAN: SMITH FAMILY

Summary of Family Conference

A home visit was conducted by the social worker to review with Mr. and Mrs. Smith the results of the family assessment according to the Coping with Stress Model. The Smiths were assured that the information was solely the result of the self-reported data. The summary report was not given to them. Instead the findings were discussed in a general manner which stimulated discussion.

The primary concern that was reported was their differing beliefs and their expressed difficulty communicating in light of such differences. Both of the Smiths agreed and began slowly to identify situations illustrating this critical point. Their examples ranged from mundane daily incidences to important ones such as their differing views on religion and God. Mr. Smith expressed confusion and concern over his beliefs and explained how Joe's birth has seriously shaken his values. Mrs. Smith does not seem to be experiencing the same turmoil as her husband.

The session evolved into a counseling session with both parents expressing private thoughts and sharing concerns. Topics ranged from feelings about their respective mothers to their not being able to tell their other children about Joe's disability.

Family Service Plan

The data indicates that the Smiths are a family with many needs. They express great concern that they are not coping effectively in a variety of situations. Goals were mutually developed to provide the Smiths with information, support and psychotherapy in an effort to help them expand their resources for more effective coping.

1. Increase the Smiths' knowledge of:
   a. child development and understanding of Joe
   b. a variety of behavior management techniques with children
   c. home programming activities

2. Develop more effective coping patterns through support and guidance to increase:
   a. The Smiths' awareness of the resources they have which may be used for managing daily living
   b. The Smiths' problem-solving strategies and decision-making skills
   c. Mr. Smith's ability to shift roles in a more flexible fashion.

3. Expand the effectiveness of family functioning through psychotherapy to increase:
   a. their ability to communicate differing views and beliefs to each other in appropriate ways
   b. their ability to provide mutual support and assistance
   c. their feeling of control over personal and life events as well as their ability to initiate action
   d. their self-concept and self-esteem
   e. Mr. Smith's ability to respond to the control of others.

The following activities are agreed upon as a structure to facilitate achievement of these goals over the next year.

1. weekly psychotherapy with Mr. and Mrs. Smith
2. crisis counseling with Mrs. Smith when needed
3. weekly parent support group
4. Fathers evening program every two months
5. Workshop on Coping with Stress
6. Workshop on Coping with Transition
7. Workshop on Child Development and Early Intervention
8. Parents Association as a resource for peer support and information.

Pediatric Rehabilitation Department / John F. Kennedy Medical Center / 2050 Oak Tree Road / Edison, New Jersey 08820 / (201) 548-7610

COPING

Children's Optimal Progress in Neurodevelopmental Growth

SUMMARY REPORT: JONES FAMILY

This report is a summary of findings from the completed self-rated assesments, the informational needs survey, and the family interview. The information is used to develop specific goals with the family to expand their coping effectiveness.

Beliefs and Values

A specific strength of the family is the consistency of beliefs of both parents and their agreement concerning courses of action to be taken with Bobby. Both parents report a sense of control over family events. They provide each other with emotional support and have established a sense of togetherness and co-operation. The family members share an optimistic viewpoint and a strong action-oriented approach. They are confident of their problem-solving ability as a couple and view Bobby's presence in the family as an opportunity for individual and family growth.

Coping Behavior Patterns

The parents are generally effective in coping with a variety of situations. However, in specific high-stress situations they report some difficulty preparing for action and tolerating frustration. The parents also express the need for better management strategies for coping with the behavior of the other siblings.

Mrs. Jones reports a sense of self-satisfaction and describes herself as resilient and able to communicate her feelings. She does, however, have less confidence in her ability to handle anxiety and expresses some difficulty in balancing dependence and independence. She identifies a tendency to be rigid in her beliefs and approach.

Mr. Jones feels he is effective in problem-solving and applying what he has learned to new situations. He reports that it is difficult for him to ask for help and to express personal needs. He often chooses to shoulder responsibilities independently. His 'take charge' manner at times reinforces his wife's tendency to be dependent. Mr. Jones does not share his wife's zest for life and occasionally sees himself as serious and moody.

Physical and Psychological Attributes

Both parents report good physical and emotional health. Mrs. Jones describes herself as having a high energy level.

Support Systems

The family reports strong support within the extended family. A network of family and friends is seen as providing an active climate of concern and assistance.

Material Resource

Parents share the view that financial resources are adequate to meet their needs.

Stress

The parents identify few stressors. They expressed an important need for information about their child's disability, his prognosis, and his future. In addition Mr. Jones feels pressured by time constraints which limit involvement with his children. He would like opportunities to gain information first hand from the professionals working with Bobby and to be actively engaged in his intervention program.

Pediatric Rehabilitation Department / John F. Kennedy Medical Center / 2050 Oak Tree Road / Edison, New Jersey 08820 / (201) 548-7810

COPING
Children's Optimal Progress in Neurodevelopmental Growth

SHARING OF ASSESSMENT FINDINGS AND DEVELOPMENT OF A FAMILY SERVICE PLAN: JONES FAMILY

Summary of Family Conference

The staff psychologist met with Mr. and Mrs. Jones to review the results of the family assessment and to develop a Family Service Plan that reflected their choices for involvement. Specific goals and activities were mutually developed to address identified issues. They were assured that the information was the sole result of self-reported data. At their request the Jones were given an exact account of the information on the summary.

Mr. and Mrs. Jones expressed surprise at the accuracy of the information. They were quite pleased and made joking reference to anecdotes that illustrated the few identified vulnerabilities. Mrs. Jones laughed knowingly in response to identification of her difficulty in mobilizing herself during high stress situations. Mr. Jones acknowledged his serious nature and tendency to carry responsibility. He spoke freely about the burden associated with this style.

The parents repeatedly commented on their amazement at the accuracy of the summary in describing their strengths and vulnerabilities. They also expressed great interest in developing strategies which would assist them to be more effective in their coping efforts.

Family Service Plan

The data indicates that the Jones are generally quite effective in coping with most situations. The family has many strengths and available resources. The following goals are collaboratively designed to enhance further their capabilities.

1. Increase the Jones' knowledge of:
   a. available local, state and federal resources
   b. appropriate time management strategies
   c. a variety of behavior management techniques with children
   d. Bobby's handicap and development
   e. home programming activities for their son.
2. Enhance coping effectiveness by increasing:
   a. the parent's ability to mobilize in high stress situations
   b. Mrs. Jones' ability to balance dependence and independence
   c. Mrs. Jones' ability to be more flexible and use a broader range of problem-solving strategies
   d. Mr. Jones' ability to express his own needs
   e. Mr. Jones' ability to ask for help and share responsibility when appropriate.

The following activities are agreed upon as a structure to facilitate achievement of the goals over the next year:

1. weekly parent support group
2. fathers evening program on a monthly basis (participation by Mr. Jones and Bobby)
3. Workshop on Child Development and Early Intervention
4. sibling groups
5. Workshop on Coping with Transition
6. Workshop in behavioral management of children
7. Workshop on Coping with Stress.

TABLE I

COPING DATA MATRIX

Beliefs & Values	Coping Behavior Patterns	Physical and Psychological Attributes	Support Systems	Material Resources	Stressors
Belief Scale - assesses beliefs concerning attribution and locus of control Definition Scale assesses perceived impact of having a handicapped child. Family Inventory of Resources for Management (FIRM) scales used: a. Family Strengths I- assesses family esteem, communication, mutual assistance, optimism, problem solving ability. b. Family Strengths II- assesses control over events, mutuality, and physical and emotional health. c. Social Desirability Scale- asseses desirability family membership .	Coping Inventory measures behavioral patterns most related to adaptive coping.	Symptoms Checklist 90 (SCL-90) revised utilizes 9 scales to identify somatic and psychological symptoms.	a. Carolina Parent Support Scale provides a qualitative assessment of social supports. b. FIRM extended family social support scale-assesses mutual help and support given to and received from relatives.	FIRM scales used a. Financial Well-being - assesses families' perceived financial efficacy. b. Sources of Financial Support-assesses stability and esteem associated with income.	Family Inventory of Life Events and Changes (FILE) assess life event experienced by a family. Nine scales are provided (e.g. intra-family, marital, child-bearing, work strains). Total recent and past changes are identified.

Bristol, M. M. (1983). The belief scale. In M. Bristol, A. Donovan, & A. Harding (Eds.). The broader impact of intervention: A workshop on measuring stress and support. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, Chapel Hill, NC.

Bristol, M. M. (1983). Carolina Parent Support Scale. In M. Bristol, A. Donovan, & A. Harding (Eds.). The broader impact of intervention: A workshop on measuring stress and support. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, Chapel Hill, NC.

Bristol, M. M. & DeVellis, R. (1981). The definition scale. Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill, Chapel Hill, NC.

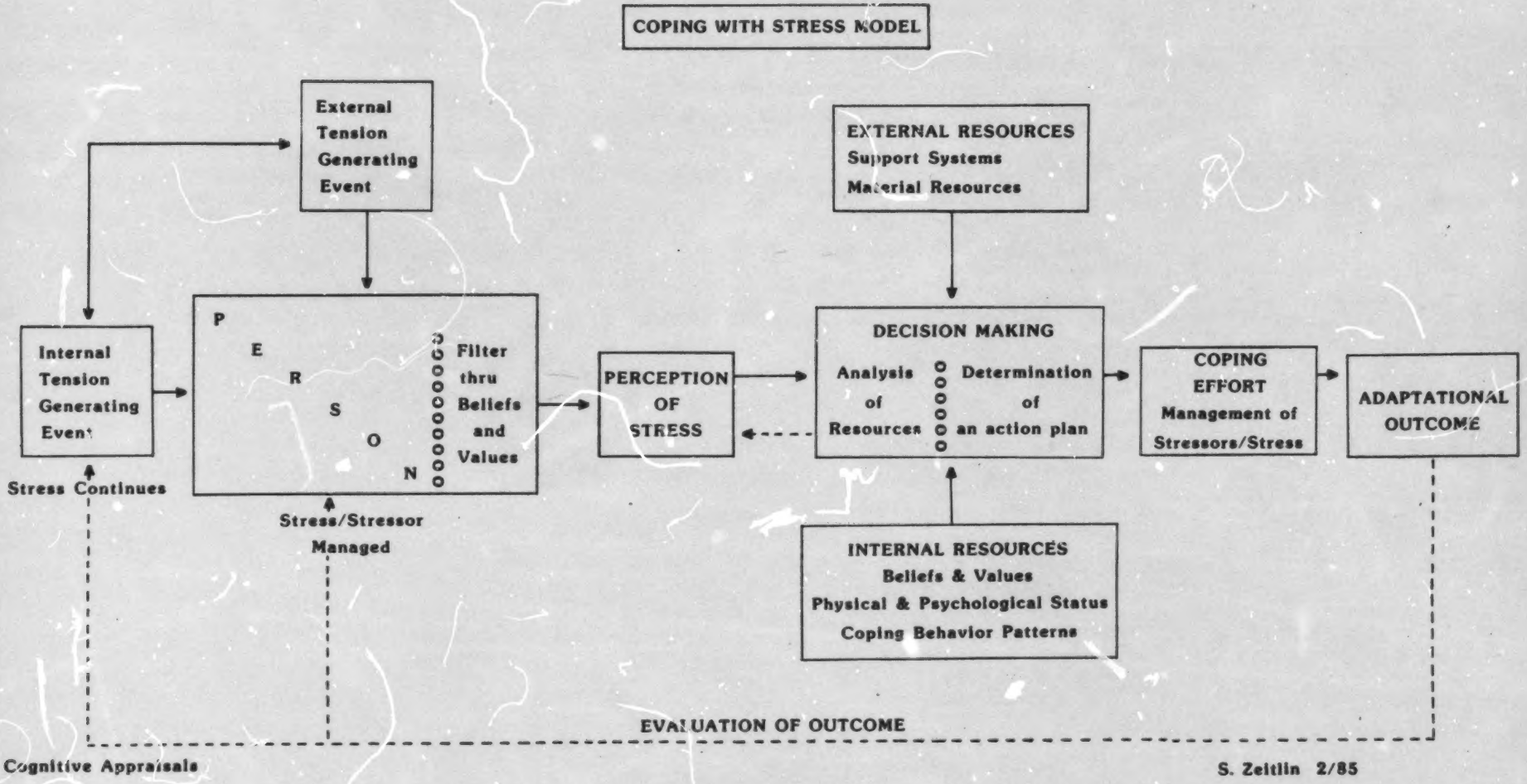
Derogatis, L.R., Lipman, R.S. and Covi, L. (1975). Symptoms checklist - 90 (SCL-90R). School of Medicine Johns Hopkins University, Baltimore, MD.

McCubbin, H. I., Wilson, L., and Patterson J. (1979). FILE-family inventory of life events and changes. University of Minnesota, St. Paul, MN.

McCubbin, H., Comeau, J., and Harkins, J. (1979). FIRM-family inventory of resources for management. University of Minnesota, St. Paul, MN.

Zeitlin, S. (1984). The Coping inventory. Bensenville, Illinois: Scholastic Testing Service.

Figure 1


COPING WITH STRESS MODEL
External Tension Generating Event
EXTERNAL RESOURCES
Support Systems
Material Resources
Internal Tension Generating Event
P E R S O N
Filter thru Beliefs and Values
PERCEPTION OF STRESS
DECISION MAKING
Analysis of Resources
Determination of an action plan
COPING EFFORT
Management of Stressors/Stress
ADAPTATIONAL OUTCOME
Stress Continues
Stress/Stressor Managed
INTERNAL RESOURCES
Beliefs & Values
Physical & Psychological Status
Coping Behavior Patterns
EVALUATION OF OUTCOME
Cognitive Appraisals
S. Zeitlin 2/85

References

Beckman-Bell, P. (1981). Child related stress in families of handicapped children. Topics in Early Childhood Special Education, 1, 45-53.

Hagen, M. (1981). Burnout - Teachers and parents. Views, 1, 4-6.

Lazarus, R.S. (1966). Psychological Stress and the Coping Process. New York: McGraw Hill.

Lazarus, R.S., & Folkman, S. (1984). Stress, Appraisal, and Coping. New York: Springer Publishing Company.

Murphy, M.A. (1982). The family with a handicapped child: A review of the literature. Journal of Developmental and Behavioral Pediatrics, 3, (2), 73-82.

Olson, D.H., & McCubbin, H.I. (1983). Families: what makes them work. Beverly Hills, CA: Sage Publications.

Pearlin, L.I., & Schooler, C. (1978). The structure of coping. Journal of Health and Social Behavior, 19, 2-21.

Thomas, A., & Chess, S. (1977). Temperament and development. New York: Brunner/Mazel.

Paper presented at the Annual Convention

of the

Council for Exceptional Children

(63rd, Anaheim, CA, April 15-19, 1985)

END

DEPT. OF EDUCATION

NAT'L INSTITUTE OF EDUCATION

ERIC

DATE FILMED

OCTOBER

30 - 1985